

# TSAWWASSEN ORTHODONTICS & PERIODONTICS

## BRACES & BEYOND

DR. SUZANNE CZIRAKI - ORTHODONTIST

### Orthodontic Patient Referral Form

1512 56th Street, Tsawwassen

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Referring Office Email: \_\_\_\_\_

Referring Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**XRays:** ☐ Emailed ☐ Not Provided

Reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

☐ Invisalign

☐ Braces

☐ Early Treatment for Children

☐ TMD treatment

☐ Pre-prosthetic treatment

☐ Accelerated

- There is no charge for initial consultation.
- During the consultation, we will describe your orthodontic problem and it's severity, estimate treatment time and orthodontic fees.
- If you are unable to keep the appointment, Please call us within 24 hours notice.
- We look forward to seeing you!

**Please, email or refer online through our website. Thank you for the courtesy of your referral!**

#### DELTA



info@tsawwassenortho.com  
1512 56th Street, Tsawwassen,  
V4L2A8  
604.232.3052

#### OAKRIDGE PARK



info@clearadvantageortho.com  
Suite 315, 650 West 41st Ave Vancouver,  
BC, V5Z 2M9  
604.266.8277

#### DOWNTOWN



info@clearadvantageortho.com  
464 Granville Street Vancouver,  
BC, V6C 1V4  
604.266.8277